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## Application Number **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/08) May be used for additional claims or amendments CLAINS AFTER SECOND AFTER FIRST AMENDMENT . AMENDMENT Depend Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep .53 B4 RS Total Total Indep Total Depend Depend Total Total

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Claims

Claims